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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Paul ANUZIS et al.

Application No.: 09/898,008

July 5, 2001 Filed:

HEALTH MONITORING

Docket No.:

110023

SUBMISSION OF ORIGINAL DECLARATION

Director of the U.S. Patent and Trademark Office Washington, D.C. 20231

Sir:

For:

Submitted herewith is the original signed Declaration of the Inventor. This Declaration corresponds to the facsimile copy of the Declaration filed on October 18, 2001.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

Thomas J. Pardini

Registration No. 30,411

JAO:TJP/zmc

Date: October 23, 2001

OLIFF & BERRIDGE, PLC P.O. Box 19928

Alexandria, Virginia 22320 Telephone: (703) 836-6400

Docket No.: 110023

APPLICATION FOR UNITED STATES PATENT EDECLARATION AND POWER OF ATTORNEY

As a below manied inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor

(if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **HEALTH MONITORING** described and claimed in the specification: Check one attached hereto. ☐ filed on July 5, 2001 as Application No. _____ and amended on _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37,

Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

British Patent Application No. 0016561.3 filed July 5, 2000.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

> James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| 1 | Typewritten Full Name of First or Sole Inventor | | Paul | | ANUZIS | | |
|---|-------------------------------------------------|------------------------------------------|-----------------------------|-------------------|------------------------------------|--|--|
| 2 | **Inventor's S | | Given Name Perul Quuzis | Middle Initial | Family Name | | |
| 3 | **Date of Sig | nature: | August 29 2001 | | | | |
| | Residence: | De | Month August | Day 2 4 | Year O l . Great Britain | | |
| | Citizenship: | C Great Britain | ity | State or Province | Country | | |
| | | Post Office Address: (Insert complete | 86, Locko Road, Spondon | | | | |
| | | mailing address, including country) | Derby DE21 7AQ, Great Brita | | | | |

If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

| | itten Full Name nt Inventor (if any) | | Steve | | · P . | KING |
|---------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------|----------------|-----------------|---------------------------------------|
| • | 13 3/ - | | Vived Name | | Middle Initial | Family Name |
| 2 **Inven | **Inventor's Signature: | | · P. 12 | · US | tere . P. Kin | |
| 3 **Date | of Signature: | | | | | 7 |
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| Residence: | | Derbyshir | e | | • | Great Britain |
| PEZ | | City | | Sta | ate or Province | Country |
| Citizenship | Great Britain | | | | | |
| Post Office Address: (Insert complete mailing address, including country) | | | 30 Willow Drive, N | ewhall, Swad | lincote | |
| Fr OF MARY | including countiten Full Name Inventor (if any) | | Derbyshire DE11 01 | NW, Great Br | itain | |
| 1 TR Typewr | itten Full Name | | | | | |
| of Third Joint | Inventor (if any) | | Dennis | | M. | KING |
| | | | Given Name | | Middle Initial | Family Name |
| | tor's Signature: | | - | | 1 | |
| 3 **Date | of Signature: | | Denny | <u>. M</u> | ame | |
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| | including cou | ntry) | Derby DE3 5GQ, G | reat Britain | | |
| 1 Typewro | itten Full Name | | | | | |
| of Fourth Join | t Inventor (if any) | | Lionel | ··· | | TARASSENKO |
| | | → . | Given Name | 1. | Middle Initial | Family Name |
| | tor's Signature | <u> </u> | L. Tarser | 40 | | |
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| | including cour | ntry) | Oxford OX3 7LP, G | reat Britain | <u>.</u> | |
| Typewri | itten Full Name | | | | | |
| | nventor (if any) | | Paul | | М | HAYTON |
| | | | Given Name | | Middle Initial | Family Name |
| 2 **Inven | tor's Signature: | | P Hayon | | | · · · · · · · · · · · · · · · · · · · |
| 3 **Date | of Signature: | | October | | 4 | 2001 |
| | | - | Month | | Day | Year |
| Residence: | | Oxfordshire | | | • | |
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| | | City | | Sta | te or Province | Country |
| Citizenship | : Great Britain | | | | | |
| | Post Office Ad (Insert comple | lete 1 Langford Cottages, London Road, Bices | | | d, Bicester | |
| | mailing addres | | | | | |
| | including cour | itry) | Oxfordshire OX6 0J | N, Great Brita | ain | |

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

AGE 3 OF U.S.A. DECLARATION FOR A plication)

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| Seventh Joint Inv | ventor (if any) | | | | |
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| **Inventor's Signature: | | | Given Name | Middle Initial | Family Name |
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| Note to Invento | |) | | | |
| | **Inventor's **Date of Signal Inventor's **Date of Signal Inventor's **Inventor's **Inventor's **Date of Signal Inventor's **Date of Signal In | **Date of Signature: Residence: Post Office Addre (Insert complete mailing address, including country) Typewritten Full Name eventh Joint Inventor (if any) **Inventor's Signature: **Date of Signature: **Date of Signature: Typewritten Full Name ighth Joint Inventor (if any) **Inventor's Signature: **Date of Signature: Residence: Citizenship: Post Office Addre (Insert complete mailing address, including country) Typewritten Full Name (Insert complete mailing address, including country) **Inventor's Signature: **Date of Signature: **Inventor's Signature: **Date of Signature: | **Inventor's Signature: **Date of Signature: Residence: Post Office Address: (Insert complete mailing address, including country) **Inventor's Signature: **Date of Signature: **Date of Signature: **Date of Signature: Post Office Address: (Insert complete mailing address, including country) **Inventor's Signature: **Date of Signature: Residence: City Citizenship: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name finth Joint Inventor (if any) **Inventor's Signature: **Date of Signature: **Date of Signature: City Citizenship: Post Office Address: (Insert complete mailing address, including country) Post Office Address: (Insert complete mailing address, including country) | **Inventor's Signature: **Date of Signature: **Date of Signature: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name eventh Joint Inventor (if any) **Inventor's Signature: **Date of Signature: **Date of Signature: **Date of Signature: Month City Citizenship: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name eighth Joint Inventor (if any) **Inventor's Signature: **Date of Signature: Month Residence: City Citizenship: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name inth Joint Inventor (if any) Given Name **Inventor's Signature: **Date of Signature: Month Residence: City Citizenship: Post Office Address: (Insert complete mailing address, including country) Typewritten Full Name inth Joint Inventor (if any) Given Name **Inventor's Signature: **Date of Signature: Month Residence: City Citizenship: Post Office Address: (Insert complete mailing address, including country) | Simukai **Inventor's Signature: **Date of |

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

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